

## COMMISSIONER'S MESSAGE

Actions by the 2015 legislature have provided the Department of Mental Health with a list of planning and analysis requirements to work on and to report findings next January when lawmakers re-convene for the second half of the biennial session. These include the Vermont version of the New Hampshire Gun Shop Project (Act 14/S.141, Sec. 3); investigation of service alternatives for older adults with psychiatric illness (Act 58/H.490 Appropriations); planning for integrated mental health and health care services (Act 58 Appropriations); and review compliance with and recommend standards for transports made using soft restraints. The Commissioner of Mental Health must adopt rules on emergency involuntary procedures (Act 21/H.241) to complete a process begun in the previous biennium when rulemaking was initiated, but not accomplished when the Legislative Committee on Administrative Rules did not approve the final proposed rule. Planning for a secure residential facility (Act 26/H.492, Sec. 30) will be conducted by the Secretary of the Agency of Human Services to ensure broad examination of options for such facility, including its size, staffing needs, operating costs, management and ownership, and quality of care supported by the facility as well as site and design options. This is a partial list, but reflects the staff resources that we are applying to address the essential work of the interim legislative session. In short, DMH will have a busy summer and fall. DMH also is called upon to provide lawmakers with updates on Act 79 implementation, Vermont Psychiatric Care Hospital, interdepartmental communication within the Agency of Human Services, and updates on the community mental health delivery system. Legislative Council compiled a list of new reports required by 2015 legislation at this link:

<http://legislature.vermont.gov/assets/Legislative-Reports/2015-New-Reports-Due-to-Legislature.pdf>

*--- Frank Reed, Interim Commissioner*

## Vermont Psychiatric Care Hospital

- **International Academy of Design and Health / Honors Vermont Psychiatric Care Hospital with International Awards at IADH World Congress in Hong Kong, China**

The International Academy of Design and Health, in conjunction with World Health Design Magazine, has selected the Vermont Psychiatric Care Hospital for two awards that were presented July 18<sup>th</sup> at the 11<sup>th</sup> Design and Health World Congress and Exhibition in Hong Kong.

- Interior Design Project: Overall Winner
- Mental Health Project: One of Three Winners (in this category)

The Mental Health Project Award “recognizes a facility that reconciles the operational requirements for security and supervision with the need for a civilizing and humane environment that supports therapeutic intervention,” according to architecture +, the State’s outstanding architectural firm located in Troy, New York’s historic downtown. The Interior Design Project Award “recognizes a therapeutic space that enhances the health, well-being, and quality of life of patients, staff, and visitors with a preference toward innovative projects that respect the privacy and dignity of patients and provide an enjoyable experience that reduces stress.”

The International Academy for Design and Health is a non-profit organization and knowledge community. It comprises a global interdisciplinary network dedicated to the application of research on the quality and design of healthy built infrastructure, and its relation to health promotion. It seeks to spread awareness of how well-designed built environments can promote and improve the life style and health status of all people.

Architecture+ expressed its appreciation to the Department of Buildings and General Services and to the Department of Mental Health for being a “spectacular client” and thanking the State of Vermont for selecting a+ and Black River Design of Montpelier, Vermont for this project.

In 2014, architecture + received the Merit Award from American Institute of Architects, Eastern New York Chapter, for the design of the Vermont Psychiatric Care Hospital.

- **Reflections on First Year of Vermont Psychiatric Care Hospital**

Vermont Psychiatric Care Hospital (VPCH) is a visually stunning physical reminder of how well the State of Vermont responded to Tropical Storm Irene. Development of a new, dispersed Level 1 system of inpatient psychiatric care was a direct consequence of the irreparable damage and subsequent closure of the former Vermont State Hospital on August 28, 2011. Of the forty-five Level 1 beds created (14 at Brattleboro Retreat, 6 at Rutland Regional Medical Center, and 25 at VPCH), the new state-operated hospital reflects an extraordinary commitment by the administration, the legislature, and the people of Vermont to provide a state-of-the-art therapeutic environment for people with the most acute psychiatric conditions requiring hospitalization. One of the last pieces to be built under Act 79 of 2012, VPCH is among an array of strategic investments in a new framework of mental health services. Level 1 inpatient psychiatric beds spread across three hospitals, a system of Designated Hospitals for less acute inpatient psychiatric treatment, innovative community-based services, and alternative programs now operate across the Vermont landscape.

Conceptualizing the design and attributes of VPCH began with ideas from mental health advocates, family members, peers, and Department of Mental Health staff. Starting out with the architecture + experts in the design of psychiatric facilities, and in collaboration

with the Department of Buildings and General Services, a large and diverse workgroup dedicated itself to the formation of an architectural program of space that maximizes light, color, and space in the building and its outdoor courtyards for contemplation and recreation. Throughout VPCH, design elements reflect the architectural concepts that reflect the characteristics supported by research as conducive to a recovery-oriented environment. One cannot work here every day, and not recognize the great commitment Vermonters made to design and develop this beautiful building, recognizing the importance of providing a respectful place to provide care to individuals who are receiving treatment services through involuntary orders of hospitalization.

The new hospital opened with great public expectations on July 2, 2014. Recruiting qualified staff and training new employees has been a major area of focus for the hospital in the months leading up to its opening, and has continued as we mark our one-year anniversary date. During this first year, VPCH has achieved The Joint Commission accreditation and Centers for Medicare and Medicaid Services certification. The staff of VPCH takes pride in what they do every day to provide patients an environment that allows them to choose from many recovery services options throughout the course of their hospitalization. VPCH employees are fully committed to treating every individual served with dignity and respect by implementing the SAMHSA, *Six Core Strategies to Reduce Seclusion and Restraint*, an evidence-based model for patient care. The Six Core Strategies project has adopted: *Safety is at the Core of our Care*. (Insert Apple logo?)

VPCH reached 100% bed capacity in February 2015. All departments at the hospital are committed to ongoing performance improvement plans in each service and patient care area. Over the next year, we aim to stabilize our staffing and continue to move current initiatives forward. VPCH is also committed to a focus on wellness activities and staying connected with the rest of the statewide mental health system. We believe our success is directly tied to the success of community service providers. VPCH is proud to have so many caring and dedicated staff who serves the healthcare needs of our patients, as well as its association with the larger community service provider network that makes up the state's mental health system of care.

## COMMUNITY MENTAL HEALTH

- **National Housing Task Force**

The National Association of State Mental Health Program Directors (NASMHPD) has asked **Brian Smith, DMH Housing Program Administrator**, to co-chair their Housing Task Force. NASMHPD is the national organization of all state mental health authority commissioners who are responsible for public mental health service delivery systems. NASMHPD has an operational agreement with the National Governors Association. Housing has long been a NASMHPD priority through advocacy, technical assistance, and collaborative relationships. The selection of Brian Smith is a reflection of his longevity and expertise in the complex world of housing programs, funding streams, data requirements, supportive housing, and collaboration with Vermont's housing authorities, coalitions, and providers. His years with DMH, preceded by doing similar

work for Howard Center, has provided all of us with a consistent voice in seeking grants from the U.S. Department of Housing and Urban Development (HUD) and engaging with Vermont organizations focused on the housing needs of people with disabilities and mental health concerns. Congratulations Brian!

During his tenure at DMH, Brian

- developed housing options for 10 Designated Agencies, including Safe Havens, transitional housing, and permanent supportive housing;
- co-authored the first national rural Housing First grant funded by SAMHSA, which delivered \$3 million to test the model that was ultimately adopted as a Supported Service Agency;
- introduced the Homeless Management Information System (HMIS) in 2002 that is required by HUD to compete for funding;
- developed the Housing Subsidy and Care Program after Tropical Storm Irene that has housed in excess of 150 homeless mentally ill individuals with greater than an 85% success rate;
- introduced the Self Sufficiency Outcome Matrix in 2012 for DMH housing programs;
- included SAMHSA data requirements in the HMIS submitted to HUD that resulted in SAMHSA encouraging all states to do the same by 2016.

## **REDUCING TOBACCO USE IN HEALTH CARE FACILITIES**

- 2015 Legislative Session Outcomes

A significant disparity in tobacco use exists among Vermont's mental health population. The Legislature considered several areas of tobacco legislation during the 2015 session that have the potential to impact this disparity. Several pieces of legislation around electronic cigarettes, also known as e-cigarettes, were proposed, and while none passed, it highlighted a growing interest in addressing the increasing popularity of these products. Lawmakers considered an excise tax on e-cigarette liquid, a ban on e-cigarettes in indoor spaces, a ban on flavored e-cigarette liquid, and a ban on point-of-sale marketing of e-cigarettes. E-cigarette use among both youth and adults has skyrocketed in recent years, and a study from the University of California reported that individuals with mental health conditions were more likely to have tried e-cigarettes and to be current e-cigarette users<sup>1</sup>. According to the study, smokers with mental health conditions are disparately affected by the increase in the popularity of e-cigarettes. The Substance Abuse and Mental Health Services Administration (SAMHSA) has warned of the addictive nature of nicotine and potential risks of e-cigarettes. Most people using e-cigarettes engage in dual-use and continue to use traditional tobacco products, potentially exposing them to more nicotine<sup>2</sup> according to reports from SAMHSA's Center for Substance Abuse Prevention.

Behavioral health providers play an important role in assisting individuals with mental health conditions quit tobacco and e-cigarettes using proven, approved cessation medications like nicotine replacement therapy, varenicline and bupropion.

The legislature passed a 33 cent increase in the cigarette excise tax, bringing Vermont's tax up to \$3.08. Evidence demonstrates that individuals with substance abuse or mental health conditions are at least as sensitive (if not more sensitive) to increases in cigarette prices than the general population<sup>3</sup>. A study published in the American Journal of Public Health reported that a 10% increase in cigarette prices was associated with an 18.2% reduction among individuals with substance or mental disorders<sup>4</sup>.

- 1) Cummins, S. E., Zhu, S. H., Tedeschi, G. J., Gamst, A. C., & Myers, M. G. (2014). Use of e-cigarettes by individuals with mental health conditions. *Tobacco control*, tobaccocontrol-2013.
- 2) SAMHSA.(2014) E-cigarettes pose risks. *SAMHSANews*, 22(3).
- 3) Bader, P., Boisclair, D., & Ferrence, R. (2011). Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis. *International journal of environmental research and public health*, 8(11), 4118-4139.
- 4) Edition10, R. T. (2010). Sensitivity to cigarette prices among individuals with alcohol, drug, or mental disorders. *Health*, 100, 1243-1245.

## COMMUNITY PARTNERS

- **NAMI Vermont**

NAMI Walks, one of the largest public mental health events in the state, walks in a new location on October 3<sup>rd</sup> at 10:00 a.m. in Burlington's Battery Park where the Walk will take you through downtown and the Church Street Marketplace. The kick-off luncheon will feature a quartet performed by the Me2/Orchestra on July 31, 12:00 – 1:30 p.m. at NAMI Vermont's new office in Blair Park, Williston.

Contact Jana Beagley, [walk@namivt.org](mailto:walk@namivt.org) 802-876-7949 x103 for more information.

## STAFF ANNOUNCEMENTS

- New Social Worker at VPCH

**Missy McGibney, LICSW**, joined the Social Work team at Vermont Psychiatric Care Hospital. A primary role of Social Worker at VPCH is to provide the interface between the inpatient setting and the individual's external universe. Work with families and other supports; coordinate with community mental health agencies and private providers; facilitate connections with housing programs; help with the legal system; and encourage access to employment services are among the many connections to be made and nurtured.

Prior to accepting the social worker position at VPCH, Missy gained experience in her field in diverse positions, including Behavioral Health Therapist; Clinician/Sex Offender Specialist; Chief of Mental Health Services; and Forensic Evaluator. She looks forward to continuing to provide educational supervision to graduate student interns in her new position, and is excited to join the multidisciplinary treatment team at VPCH.

Missy's earned her undergraduate degree from Purdue University, and her MSW from the University of Michigan. She has almost twenty years of experience in working with

individuals with diagnoses of mental illness, both in the community and in forensic settings in Michigan, Missouri, and Pennsylvania.

- DMH Business Office Fills Two Positions

**Michelle Hammerl** has been promoted to the Financial Administrator III position in the Business Office. Michelle has three years of experience at DMH as Financial Specialist II, a multifaceted role with significant responsibilities. With an Associate's Degree from Community College of Vermont, Michelle made a career move to the State of Vermont from a previous position as Office Manager for McCain Consulting, Inc. in Waterbury, Vermont, where she worked for eight years.

**Stephanie Brassard** was hired as a Financial Administrator I in the Business Office. Stephanie graduated with honors from Castleton State College this spring. For the past two summers, she gained experience as an intern at BCBS. She also worked as a tutor during her college years at Castleton.

The Business Office provides overall financial support for the Department of Mental Health. This includes contract and grant management, facility operations, and human resources liaison. The Business Office supports budget development, invoicing, accounting, coding, financial tracking of the designated agency services system, and financial oversight of community-based family, advocacy, and consumer-run organizations that receive funding from DMH. **Shannon Thompson**, Financial Director III, is Business Office Manager.